

## Blood Parasite – Smear

<b>Test Description</b>	Examination of stained blood smears for confirmatory identification of blood parasites such as <i>Malaria sp.</i> , <i>Babesia sp.</i> , <i>Trypanosoma sp.</i> , and microfilaria
<b>Test use</b>	Confirmation of blood parasite infection in patients with appropriate travel history or other suspected exposure.
<b>Test Department</b>	Microbiology Phone: (860) 920-6596 FAX: (860) 920-6721
<b>Methodology</b>	Microscopic analysis
<b>Availability</b>	Daily, Monday-Friday
<b>Specimen Requirements</b>	Giemsa or Wright's stained blood smears. Both thick and thin stained slides should be submitted.
<b>Collection Kit/Container</b>	Sturdy cardboard or plastic slide holder.
<b>Collection Instructions</b>	Collect specimen, prepare and stain slides in accordance with established microbiology procedures
<b>Specimen Handling &amp; Transport</b>	Store and transport specimen at ambient temperature. Slides must be packaged to prevent crushing or breakage during transport.
<b>Unacceptable Conditions</b>	Unlabeled specimen Slides that have broken during transit Unstained slides Whole blood samples
<b>Requisition Form</b>	Clinical Test Requisition (select <b>Blood Parasite-Smear</b> )
<b>Required Information</b>	Name and address of submitter (and/or Horizon profile #) Patient name or identifier, town of residence (city, state, zip), date of birth, <b>Travel history</b> Specimen type or source, date collected, test requested Please ensure patient name on the requisition matches that on the specimen.

Revision: 8/25/15